

Employment  
and Assistance  
Appeal Tribunal

Member Expense Claim Form

INVOICE # \_\_\_\_\_

For claims for out of pocket expenses please complete the fields below, attach original receipts and submit to the Employment and Assistance Appeal Tribunal at the address listed below.

DATE	FILE #	DESCRIPTION (RECEIPTS REQUIRED)	AMOUNT

TOTAL \_\_\_\_\_

NAME: \_\_\_\_\_  
PRINT

ADDRESS: \_\_\_\_\_  
STREET CITY POSTAL CODE

MINISTRY: 031 RESPONSIBILITY: 46059 STOB: 5515 ACCOUNT: 48633

Certified this is a true statement of allowances to which I am entitled, as a result of participation in the Employment and Assistance Appeal Tribunal. I have not been and will not be reimbursed by any other party for the Employment and Assistance Appeal Tribunal business as detailed above. Out of pocket expenses are in accordance with appropriate statute or any authority for payment, and where applicable, the work has been performed and the conditions met.

Certified that the amount to be paid is correct, is in accordance with appropriate statute or other authority for payment and/or contract and, where applicable, that the work has been performed, the goods supplied, the service rendered and/or other conditions met.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Spending Authority (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spending Authority (Signature)

\_\_\_\_\_  
Date

Send the completed Member Expense Claim Form to:  
Employment and Assistance Appeal Tribunal  
PO Box 9994 Stn Prov Govt Victoria BC V8W 9R7  
Toll Free Fax: 1-877-356-9687  
Fax In Victoria: 250-356-9687